

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

Southern District of Indiana

Case number (If known): \_\_\_\_\_

Chapter you are filing under:

- ☐ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☒ Chapter 13

☐ Check if this is an amended filing

## Official Form 101

**Voluntary Petition for Individuals Filing for Bankruptcy**

06/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself**

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
<b>1. Your full name</b>  Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	Amy First name Sue Middle name Holdin Last name Suffix (Sr., Jr., II, III)	First name Middle name Last name Suffix (Sr., Jr., II, III)
<b>2. All other names you have used in the last 8 years</b>  Include your married or maiden names.	Amy Sue Durbin	
<b>3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)</b>	XXX - XX - 6 6 9 9 OR 9 XX - XX -	XXX - XX - OR 9 XX - XX -

Debtor 1

Amy Sue Holdin

First Name

Middle Name

Last Name

Case number (if known)

**About Debtor 1:****4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**Include trade names and *doing business as* names☒ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

**About Debtor 2 (Spouse Only in a Joint Case):**☐ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

**5. Where you live**

2065 Graham Ave.

Number Street

Evansville IN 47714

City State ZIP Code

Vanderburgh County

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

**If Debtor 2 lives at a different address:**

Number Street

City State ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City State ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

Debtor 1

Amy Sue Holdin

First Name

Middle Name

Last Name

Case number (if known)

**Part 2: Tell the Court About Your Bankruptcy Case****7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

☐ Chapter 7☐ Chapter 11☐ Chapter 12☒ Chapter 13**8. How you will pay the fee**

☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**☒ No☐ Yes.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**☒ No☐ Yes.

Debtor \_\_\_\_\_

Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

Debtor \_\_\_\_\_

Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

**11. Do you rent your residence?**☒ No. Go to line 12.☐ Yes. Has your landlord obtained an eviction judgment against you?☐ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1

Amy Sue Holdin

First Name

Middle Name

Last Name

Case number (if known)

**Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?**☒ No. Go to Part 4.☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))☐ None of the above**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

☒ No. I am not filing under Chapter 11.☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.☐ Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**☒ No☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

Where is the property?

Debtor 1

Amy Sue Holdin

First Name

Middle Name

Last Name

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Amy Sue Holdin

First Name

Middle Name

Last Name

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes****16. What kind of debts do you have?****16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.  
☒ Yes. Go to line 17.

**16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.  
☐ Yes. Go to line 17.

**16c.** State the type of debts you owe that are not consumer debts or business debts.**17. Are you filing under Chapter 7?**☒ No. I am not filing under Chapter 7. Go to line 18.**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

- ☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☐ No  
☐ Yes

**18. How many creditors do you estimate that you owe?**

- ☒ 1-49  
☐ 50-99  
☐ 100-199  
☐ 200-999
- ☐ 1,000-5,000  
☐ 5,001-10,000  
☐ 10,001-25,000
- ☐ 25,001-50,000  
☐ 50,001-100,000  
☐ More than 100,000

**19. How much do you estimate your assets to be worth?**

- ☐ \$0-\$50,000  
☐ \$50,001-\$100,000  
☒ \$100,001-\$500,000  
☐ \$500,001-\$1 million
- ☐ \$1,000,001-\$10 million  
☐ \$10,000,001-\$50 million  
☐ \$50,000,001-\$100 million  
☐ \$100,000,001-\$500 million
- ☐ \$500,000,001-\$1 billion  
☐ \$1,000,000,001-\$10 billion  
☐ \$10,000,000,001-\$50 billion  
☐ More than \$50 billion

**20. How much do you estimate your liabilities to be?**

- ☐ \$0-\$50,000  
☒ \$50,001-\$100,000  
☐ \$100,001-\$500,000  
☐ \$500,001-\$1 million
- ☐ \$1,000,001-\$10 million  
☐ \$10,000,001-\$50 million  
☐ \$50,000,001-\$100 million  
☐ \$100,000,001-\$500 million
- ☐ \$500,000,001-\$1 billion  
☐ \$1,000,000,001-\$10 billion  
☐ \$10,000,000,001-\$50 billion  
☐ More than \$50 billion

**Part 7: Sign Below****For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** /s/ Amy Sue Holdin

Signature of Debtor 1

Executed on 08/19/2022

MM / DD / YYYY

**X**

Signature of Debtor 2

Executed on

MM / DD / YYYY

Debtor 1

Amy Sue Holdin

First Name

Middle Name

Last Name

Case number (if known)

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**X** /s/ Dax Miller

Date

08/19/2022

Signature of Attorney for Debtor

MM / DD / YYYY

Dax Miller

Printed name

The Law Offices of Dax J. Miller

Firm name

201 NW 4th St

Number Street

114

Evansville

IN

47708

City

State

ZIP Code

Contact phone 812-463-3909

Email address dax@daxjmiller.com

34840-82

IN

Bar number

State

**Fill in this information to identify your case:**

Debtor 1 Amy Sue Holdin  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Indiana

Case number \_\_\_\_\_  
 (If known)

☐ Check if this is an amended filing
**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information** 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1: Summarize Your Assets****Your assets**

Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)
- 1a. Copy line 55, Total real estate, from *Schedule A/B* ..... \$ 131,030.00
- 1b. Copy line 62, Total personal property, from *Schedule A/B* ..... \$ 16,987.85
- 1c. Copy line 63, Total of all property on *Schedule A/B* ..... **\$ 148,017.85**

**Part 2: Summarize Your Liabilities****Your liabilities**

Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)
- 2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D* ..... \$ 5,106.28
3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)
- 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F* ..... \$ 4,500.00
- 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F* ..... + \$ 86,065.50
- Your total liabilities** **\$ 95,671.78**

**Part 3: Summarize Your Income and Expenses**

4. *Schedule I: Your Income* (Official Form 106I)
- Copy your combined monthly income from line 12 of *Schedule I* ..... \$ 5,923.14
5. *Schedule J: Your Expenses* (Official Form 106J)
- Copy your monthly expenses from line 22c of *Schedule J* ..... \$ 3,965.00



Amy Holdin

Debtor 1

First Name

Middle Name

Last Name

Case number (if known)

**Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

**7. What kind of debt do you have?**

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 7,804.85

**9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*.****Total claim****From Part 4 on *Schedule E/F*, copy the following:**

9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 4,500.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 63,292.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ 0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$ 67,792.00

**Fill in this information to identify your case and this filing:**

Debtor 1 Amy Sue Holdin  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing)   
First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Indiana

Case number   
 (if know)

☐ Check if this is an amended filing

## Official Form 106A/B

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

## 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2
- ☒ Yes. Where is the property?

1.1 2065 Graham Ave.  
Street address, if available, or other description

Evansville IN 47714  
City State ZIP Code

Vanderburgh County  
Country

**What is the property?** Check all that apply

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☒ Other

**Who has an interest in the property?** Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

**Other information you wish to add about this item, such as local property identification number:**

Purchased in 2016 for \$73,000.00. Tax Assessed at \$98,270.00 in 2022. Non-Filing Spouse has mortgage through Fifth Third Bank for approximately \$70,000.00.

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
\$ <u>131,030.00</u>	\$ <u>131,030.00</u>

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

Tenancy by the Entireties

☐ Check if this is community property

## 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....&gt;

\$131,030.00

**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

## 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
- ☒ Yes

Debtor 1

Amy Sue Holdin  
 First Name Middle Name Last Name

Case number(if known)

3.1 Make: Chevrolet  
 Model: Malibu  
 Year: 2011  
 Approximate mileage: 180487  
 Other information:

Condition:

Who has an interest in the property? Check one

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

**Current value of the entire property?** **Current value of the portion you own?**  
 \$ 3,890.00 \$ 3,890.00

3.2 Make: Jeep  
 Model: Liberty  
 Year: 2006  
 Approximate mileage: 300000  
 Other information:

Condition: Joint with Husband.;

Who has an interest in the property? Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

**Current value of the entire property?** **Current value of the portion you own?**  
 \$ 2,822.50 \$ 2,822.50

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**  
*Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No  
☐ Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages

you have attached for Part 2. Write that number here.....>

\$ 6,712.50

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?**

6. **Household goods and furnishings**

*Examples:* Major appliances, furniture, linens, china, kitchenware

- ☐ No  
☒ Yes. Describe...

Living Room Suite, Dining Room Suite, Bedroom Suite, Washer, Dryer, Refrigerator, Oven/Stove, Dishwasher, Deep Freezer, Coffee Maker, InstaPot, Microwave, Miscellaneous Household Items

\$ 3,000.00

7. **Electronics**

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☐ No  
☒ Yes. Describe...

Cell Phone, Televisions (2), PlayStation 3, Nintendo Wii, Nintendo Switch, Tablet, Laptops (2), Desktop, Echo Dot, Bluetooth Speakers (3), Beats Headphones, Record Player

\$ 2,000.00

8. **Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- ☐ No  
☒ Yes. Describe...

Nascar Memorabilia

\$ 1,500.00

9. **Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- ☐ No  
☒ Yes. Describe...

Disc Golf Equipment

\$ 150.00

10. **Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

- ☒ No  
☐ Yes. Describe...

Debtor 1

Amy Sue Holdin  
 First Name Middle Name Last Name

Case number(if known)

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- ☐ No  
☒ Yes. Describe...

Debtor's Clothing \$ 500.00

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems gold, silver

- ☒ No  
☐ Yes. Describe...

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

- ☐ No  
☒ Yes. Describe...

(2) Dogs, (1) Cat \$ 0.00

**14. Any other personal and household items you did not already list, including any health aids you did not list**

- ☒ No  
☐ Yes. Give specific information...

**15. Add the dollar value of the portion you own for all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here.....**\$ 7,150.00**Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

- ☒ No  
☐ Yes..... Cash ..... \$ \_\_\_\_\_

**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses and other similar institutions. If you have multiple accounts with the same institution, list each.

- ☐ No  
☒ Yes.....

Institution name:		
17.1. Checking account:	CashApp Account	\$ <u>785.22</u>
17.2. Checking account:	Fifth Third Bank Joint Account with Husband Ending in 2576	\$ <u>366.30</u>
17.3. Checking account:	Heritage Federal Credit Union Account Ending in 3357	\$ <u>0.00</u>
17.4. Savings account:	Heritage Federal Credit Union Account Ending in 3357	\$ <u>5.00</u>

**18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

- ☒ No  
☐ Yes.....

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

- ☒ No  
☐ Yes. Give specific information about them.....

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.  
 Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

- ☒ No  
☐ Yes. Give specific information about them.....

Debtor 1

Amy Sue Holdin  
 First Name Middle Name Last Name

Case number(if known)

**21. Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No☒ Yes. List each account separately

Type of account Institution name

401(k) or similar plan: Mutual of America \$ 400.00401(k) or similar plan: Vanguard \$ 1,568.83**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No☐ Yes.....**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes.....**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes.....**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No☐ Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No☐ Yes. Give specific information about them...**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...

--

Federal: \$ 0.00State: \$ 0.00Local: \$ 0.00**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No☐ Yes. Give specific information....**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No☐ Yes. Give specific information....

Debtor 1

Amy Sue Holdin  
 First Name Middle Name Last Name

Case number(if known)

**31. Interests in insurance policies**

- ☐ No  
☒ Yes. Name the insurance company of each policy and list its value....

Company name:

Beneficiary:

Surrender or  
refund value:

\$50,000.00 Through Lincoln Financial Group

Ajax Holdin

\$ 0.00

**32. Any interest in property that is due you from someone who has died**

- ☒ No  
☐ Yes. Give specific information....

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

- ☒ No  
☐ Yes. Give specific information....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

- ☒ No  
☐ Yes. Give specific information....

**35. Any financial assets you did not already list**

- ☒ No  
☐ Yes. Give specific information...

**36. Add the dollar value of the portion you own for all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

\$ 3,125.35

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**

- ☒ No. Go to Part 6.  
☐ Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**

If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☒ No. Go to Part 7.  
☐ Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

- ☒ No  
☐ Yes. Give specific  
information...

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**

\$ 0.00

**Part 8: List the Totals of Each Part of this Form**

<b>55. Part 1: Total real estate, line 2.....</b>		\$ 131,030.00
<b>56. Part 2: Total vehicles, line 5</b>	\$ 6,712.50	
<b>57. Part 3: Total personal and household items, line 15</b>	\$ 7,150.00	
<b>58. Part 4: Total financial assets, line 36</b>	\$ 3,125.35	
<b>59. Part 5: Total business-related property, line 45</b>	\$ 0.00	
<b>60. Part 6: Total farm- and fishing-related property, line 52</b>	\$ 0.00	
<b>61. Part 7: Total other property not listed, line 54</b>	+ \$ 0.00	
<b>62. Total personal property. Add lines 56 through 61 .....</b>	\$ 16,987.85	Copy personal property total▶ + \$ 16,987.85
<b>63. Total of all property on Schedule A/B. Add line 55 + line 62</b>		\$ 148,017.85

**Fill in this information to identify your case:**

Debtor 1	Amy Sue Holdin		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Indiana			
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106C

**Schedule C: The Property You Claim as Exempt**

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt****1. Which set of exemptions are you claiming?** Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

**2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption	Specific laws that allow exemption
Brief description: 2065 Graham Ave.	\$ 131,030.00	<input checked="" type="checkbox"/> \$ 61,030.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(5)
Line from Schedule A/B: 1.1 Brief description: 2006 Jeep Liberty	\$ 2,822.50	<input checked="" type="checkbox"/> \$ 2,822.50 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(2)
Line from Schedule A/B: 3.2 Brief description: Household Goods - Living Room Suite, Dining Room Suite, Bedroom Suite, Washer, Dryer, Refrigerator, Oven/Stove, Dishwasher, Deep Freezer, Coffee Maker, InstaPot, Microwave, Miscellaneous Household Items	\$ 3,000.00	<input checked="" type="checkbox"/> \$ 3,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(2)
Line from Schedule A/B: 6			

**3. Are you claiming a homestead exemption of more than \$189,050?**

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No  
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
☐ No  
☐ Yes

Debtor **Amy Sue Holdin**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: Electronics - Cell Phone, Televisions (2), PlayStation 3, Nintendo Wii, Nintendo Switch, Tablet, Laptops (2), Desktop, Echo Dot, Bluetooth Speakers (3), Beats Headphones, Record Player Line from Schedule A/B: 7	\$2,000.00	<input checked="" type="checkbox"/> \$ 2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(2)
Brief description: Collectibles Of Value - Nascar Memorabilia Line from Schedule A/B: 8	\$1,500.00	<input checked="" type="checkbox"/> \$ 1,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(2)
Brief description: Sports & Hobby Equipment - Disc Golf Equipment Line from Schedule A/B: 9	\$150.00	<input checked="" type="checkbox"/> \$ 150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(2)
Brief description: Clothing - Debtor's Clothing Line from Schedule A/B: 11	\$500.00	<input checked="" type="checkbox"/> \$ 500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(2)
Brief description: CashApp Account (Checking Account) Line from Schedule A/B: 17.1	\$785.22	<input checked="" type="checkbox"/> \$ 78.70 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(3)
Brief description: Fifth Third Bank Joint Account with Husband Ending in 2576 (Checking Account) Line from Schedule A/B: 17.2	\$366.30	<input checked="" type="checkbox"/> \$ 366.30 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(3)
Brief description: Heritage Federal Credit Union Account Ending in 3357 (Savings Account) Line from Schedule A/B: 17.4	\$5.00	<input checked="" type="checkbox"/> \$ 5.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(3)
Brief description: Mutual of America Line from Schedule A/B: 21	\$400.00	<input checked="" type="checkbox"/> \$ 400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(6)
Brief description: Vanguard Line from Schedule A/B: 21	\$1,568.83	<input checked="" type="checkbox"/> \$ 1,568.83 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code Ann. § 34-55-10-2 (c)(6)
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	



## Fill in this information to identify your case:

Debtor 1 Amy Sue Holdin  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) \_\_\_\_\_  
First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Indiana

Case number \_\_\_\_\_  
 (if know)

☐ Check if this is  
 an amended  
 filing

## Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

**Column A**  
**Amount of**  
**claim** Do not  
 deduct the value  
 of collateral.

**Column B**  
**Value of**  
**collateral that**  
**supports this**  
**claim**

**Column C**  
**Unsecured**  
**portion** If any

2.1	Describe the property that secures the claim:	\$ 5,106.28	\$ 3,890.00	\$ 1,216.28
Mariner Finance Creditor's Name 8211 Town Center Dr Number Street Nottingham MD 21236 City State ZIP Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>2022</u>	2011 Chevrolet Malibu - \$3,890.00 <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Last 4 digits of account number 4213			
Add the dollar value of your entries in Column A on this page. Write that number here:		\$ 5,106.28		

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

**Fill in this information to identify your case:**

Debtor 1 Amy Sue Holdin  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing)   
First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Indiana

Case number  
 (if know)

☐ Check if this is  
 an amended  
 filing

**Official Form 106E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims against you?**

- ☐ No. Go to Part 2.  
☒ Yes.

**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1

Indiana Department of Revenue  
Priority Creditor's Name

100 N Senate Ave.

Number Street

#N240

Indianapolis IN 46204

City State ZIP Code

**Who owes the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Last 4 digits of account number**

**When was the debt incurred?**

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of PRIORITY unsecured claim:**

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify

Total claim	Priority amount	Nonpriority amount
\$ 1,500.00	\$ 0.00	\$ 1,500.00

2.2

Internal Revenue Service  
Priority Creditor's Name

Centralized Insolvency Operation  
Number Street  
P. O. Box 7346  
Philadelphia PA 19101  
City State ZIP Code

Who owes the debt? Check one.  
☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number  
When was the debt incurred?

\$ 3,000.00 \$ 0.00 \$ 3,000.00

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:  
☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?  
☐ No. You have nothing else to report in this part. Submit to the court with your other schedules.  
☒ Yes. Fill in all of the information below.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	<div>Advanced Diagnostic Imaging Nonpriority Creditor's Name 1120 Professional Blvd. Number Street Evansville IN 47714 City State ZIP Code</div> <div>Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number When was the debt incurred?</div> <div>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify</div> <div>\$ 450.00</div>
4.2	<div>Advanced Preferred Imaging, PSC Nonpriority Creditor's Name PO Box 837 Number Street Evansville IN 47705 City State ZIP Code</div> <div>Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number When was the debt incurred?</div> <div>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify</div> <div>\$ 66.25</div>

4.3	<div>Americollect Inc</div> <div>Nonpriority Creditor's Name</div> <div>PO Box 1566</div> <div>Number Street</div> <div>Manitowoc WI 54221</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify</div>	\$ 495.00
4.4	<div>Comenity Bank/Indigo</div> <div>Nonpriority Creditor's Name</div> <div>PO Box 4477</div> <div>Number Street</div> <div>Beaverton OR 97076</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number 6857</div> <div>When was the debt incurred? 2021</div> <div>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify</div>	\$ 440.00
4.5	<div>CreditFresh</div> <div>Nonpriority Creditor's Name</div> <div>200 Continental Dr.</div> <div>Number Street</div> <div>Suite 401</div> <div>Newark DE 19713</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</div> <div>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify</div>	\$ 986.58

4.6	<p><b>Deaconess Hospital</b> Nonpriority Creditor's Name</p> <p><b>600 Mary St</b> Number Street</p> <p><b>Evansville IN 47710</b> City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> _____</p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify</p>	\$ <u>7,950.00</u>
4.7	<p><b>Evansville Family Dentistry</b> Nonpriority Creditor's Name</p> <p><b>1220 Washington Ave.</b> Number Street</p> <p><b>Evansville IN 47714</b> City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> _____</p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify</p>	\$ <u>99.00</u>
4.8	<p><b>Evansville Radiology PC</b> Nonpriority Creditor's Name</p> <p><b>350 W. Columbia</b> Number Street</p> <p><b>Suite 420</b> _____</p> <p><b>Evansville IN 47710</b> City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> _____</p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify</p>	\$ <u>800.00</u>

4.9	<p><u>Lvnv Funding Llc</u> Nonpriority Creditor's Name</p> <p><u>Po Box 1269</u> Number Street</p> <p><u>Greenville SC 29602</u> City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>6282</u></p> <p><b>When was the debt incurred?</b> <u>2022</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify</p>	\$ <u>255.00</u>
4.10	<p><u>Med-1 Solutions, LLC</u> Nonpriority Creditor's Name</p> <p><u>517 US Highway 31 N</u> Number Street</p> <p><u>Greenwood IN 46142</u> City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>82D07-2111-SC-009023</u></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify</p>	\$ <u>3,627.11</u>
4.11	<p><u>Minto Financial d/b/a Minto Money</u> Nonpriority Creditor's Name</p> <p><u>PO Box 58112</u> Number Street</p> <p><u>Minto AK 99758</u> City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> _____</p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify</p>	\$ <u>951.06</u>

4.12	<b>Mobiloads LLC</b> Nonpriority Creditor's Name <b>PO Box 1409</b> Number Street <b>Marksville LA 71351</b> City State ZIP Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 0024 <b>When was the debt incurred?</b> 2021 <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$ 920.09
4.13	<b>Mohela/Dept Of Ed</b> Nonpriority Creditor's Name <b>633 Spirit Dr</b> Number Street <b>Chesterfield MO 63005</b> City State ZIP Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 0002 <b>When was the debt incurred?</b> 2016 <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	\$ 63,292.00
4.14	<b>NetCredit</b> Nonpriority Creditor's Name <b>175 W Jackson Blvd Suite 1000</b> Number Street <b>Chicago IL 60604</b> City State ZIP Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> **** <b>When was the debt incurred?</b> 2021 <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$ 4,361.31

4.15	<div>Uprova</div> <div>Nonpriority Creditor's Name</div> <div>635 East Hwy 20, V</div> <div>Number Street</div> <div>Upper Lake CA 95485</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number</div> <div>When was the debt incurred? _____</div> <div>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</div> <div>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify</div>	\$ 1,372.10
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Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

<div>Capital One Bank</div> <div>Creditor's Name</div> <div>1680 Capital One Dr.</div> <div>Number Street</div> <div>McLean VA 22102</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.9 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div> <div>Claims</div> <div>Last 4 digits of account number</div>
<div>Complete Billing Services</div> <div>Creditor's Name</div> <div>517 US Highway 31 N</div> <div>Number Street</div> <div>Greenwood IN 46142</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.6 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div> <div>Claims</div> <div>Last 4 digits of account number</div>
<div>Deaconess Health System</div> <div>Creditor's Name</div> <div>PO Box 630229</div> <div>Number Street</div> <div>Cincinnati OH 45263</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.6 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div> <div>Claims</div> <div>Last 4 digits of account number</div>
<div>Genesis FS Card Services</div> <div>Creditor's Name</div> <div>PO Box 4477</div> <div>Number Street</div> <div>Beaverton OR 97076</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.4 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div> <div>Claims</div> <div>Last 4 digits of account number</div>
<div>Hoosier Accounts Service</div> <div>Creditor's Name</div> <div>2545 MJM Industrial Dr</div> <div>Number Street</div> <div>Evansville IN 47715</div> <div>City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor?</div> <div>Line 4.6 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured</div> <div>Claims</div> <div>Last 4 digits of account number</div>



Lashay Wright Newton

Creditor's Name

5811 Cliftmeere Dr.

Number Street

Newburgh IN 47630

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 9023

Medical & Professional Collection Services, Inc.

Creditor's Name

PO Box 1116

Number Street

Newburgh IN 47629

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number

Receivables Management Partners

Creditor's Name

8085 Knue Rd

Number Street

Indianapolis IN 46250

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number

Republic Bank & Trust Company

Creditor's Name

4030 Smith Rd.

Number Street

c/o NetCredit

Cincinnati OH 45029

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number

Tate & Kirlin Associates, Inc.

Creditor's Name

580 Middletown Blvd.

Number Street

Suite 240

Langhorne PA 19047

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ 4,500.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ 0.00
	6e. Total. Add lines 6a through 6d.	6e. \$ 4,500.00

		Total claim
Total claims from Part 2	6f. Student loans	6f. \$ 63,292.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ 22,773.50
	6j. Total. Add lines 6f through 6i.	6j. \$ 86,065.50

Fill in this information to identify your case:			
Debtor 1	Amy Sue Holdin		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Indiana			
Case number			
(if know)			

☐ Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease	State what the contract or lease is for

**Fill in this information to identify your case:**

Debtor 1 Amy Sue Holdin  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing)   
First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Indiana

Case number   
 (if know)

☐ Check if this is  
 an amended  
 filing

Official Form 106H**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☐ No  
☒ Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

- ☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

**Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**  
 Check all schedules that apply:

3.1

Ajax Holdin  
 Name

2065 Graham Ave.  
 Street

Evansville IN 47714  
 City State ZIP Code

- ☐ Schedule D, line \_\_\_\_  
☒ Schedule E/F, line 2.2  
☐ Schedule G, line \_\_\_\_

**Fill in this information to identify your case:**

Debtor 1 Amy Sue Holdin  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing)   
First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Indiana

Case number   
 (If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

**Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment****1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status**

☒ Employed  
☐ Not employed

☒ Employed  
☐ Not employed

**Occupation**Billing AssociateBehavioral Technician**Employer's name**Heritage Petroleum, LLCEasterseals Rehabilitation Center**Employer's address**516 N. 7th Ave.3701 Bellemeade Ave.

Number Street  
PO Box 6850

Number Street

Evansville, IN 47719Evansville, IN 47714

City State ZIP Code

City State ZIP Code

**How long employed there?** 8 months

11 years**Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>2. List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>2,698.04</u>	\$ <u>5,106.81</u>
<b>3. Estimate and list monthly overtime pay.</b>	3. + \$ <u>0.00</u>	+ \$ <u>0.00</u>
<b>4. Calculate gross income.</b> Add line 2 + line 3.	4. \$ <u>2,698.04</u>	\$ <u>5,106.81</u>

Debtor 1

Amy Sue Holdin

First Name

Middle Name

Last Name

Case number (if known)

For Debtor 1

For Debtor 2 or  
non-filing spouse

Copy line 4 here ..... → 4.

\$ 2,698.04

\$ 5,106.81

## 5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions

5a. \$ 349.73

\$ 801.20

5b. Mandatory contributions for retirement plans

5b. \$ 0.00

\$ 0.00

5c. Voluntary contributions for retirement plans

5c. \$ 134.90

\$ 146.65

5d. Required repayments of retirement fund loans

5d. \$ 0.00

\$ 0.00

5e. Insurance

5e. \$ 123.39

\$ 268.36

5f. Domestic support obligations

5f. \$ 0.00

\$ 0.00

5g. Union dues

5g. \$ 0.00

\$ 0.00

5h. Other deductions. Specify: HSA, WelStore

5h. + \$ 43.33

+ \$ 2.33

Long-Term Disability

\$ 11.82

\$

\$

\$

\$

\$

6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.

6. \$ 663.17

\$ 1,218.54

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7. \$ 2,034.87

\$ 3,888.27

## 8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$ 0.00

\$ 0.00

8b. Interest and dividends

8b. \$ 0.00

\$ 0.00

8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. \$ 0.00

\$ 0.00

8d. Unemployment compensation

8d. \$ 0.00

\$ 0.00

8e. Social Security

8e. \$ 0.00

\$ 0.00

8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: \_\_\_\_\_

8f. \$ 0.00

\$ 0.00

8g. Pension or retirement income

8g. \$ 0.00

\$ 0.00

8h. Other monthly income. Specify: \_\_\_\_\_

8h. + \$ 0.00

+ \$ 0.00

9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.

9. \$ 0.00

\$ 0.00

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10. \$ 2,034.87

+ \$ 3,888.27

\$ 5,923.14

## 11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: \_\_\_\_\_

11. + \$ 0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies

12. \$ 5,923.14

Combined  
monthly income

13. Do you expect an increase or decrease within the year after you file this form?

☒ No.☐ Yes. Explain:

## Fill in this information to identify your case:

Debtor 1 Amy Sue Holdin  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Indiana  
 (State)

Case number  
 (If known) \_\_\_\_\_

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

## Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Your Household

## 1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

## 2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Husband35

- ☐ No
- ☒ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

## 3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

## Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

## 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 600.00

## If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 200.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

Debtor 1 Amy Sue Holdin  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

		Your expenses
5.	<b>Additional mortgage payments for your residence</b> , such as home equity loans	\$ 0.00
6.	<b>Utilities:</b>	
6a.	Electricity, heat, natural gas	\$ 275.00
6b.	Water, sewer, garbage collection	\$ 75.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	\$ 225.00
6d.	Other. Specify: _____	\$ 0.00
7.	<b>Food and housekeeping supplies</b>	\$ 550.00
8.	<b>Childcare and children's education costs</b>	\$ 0.00
9.	<b>Clothing, laundry, and dry cleaning</b>	\$ 250.00
10.	<b>Personal care products and services</b>	\$ 110.00
11.	<b>Medical and dental expenses</b>	\$ 260.00
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	\$ 550.00
13.	<b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	\$ 100.00
14.	<b>Charitable contributions and religious donations</b>	\$ 25.00
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	\$ 0.00
15b.	Health insurance	\$ 0.00
15c.	Vehicle insurance	\$ 80.00
15d.	Other insurance. Specify: _____	\$ 0.00
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	\$ 300.00
17.	<b>Installment or lease payments:</b>	
17a.	Car payments for Vehicle 1	\$ 0.00
17b.	Car payments for Vehicle 2	\$ 0.00
17c.	Other. Specify: _____	\$ 0.00
17d.	Other. Specify: _____	\$ 0.00
18.	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	\$ 0.00
19.	<b>Other payments you make to support others who do not live with you.</b> Specify: _____	\$ 0.00
20.	<b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a.	Mortgages on other property	\$ 0.00
20b.	Real estate taxes	\$ 0.00
20c.	Property, homeowner's, or renter's insurance	\$ 0.00
20d.	Maintenance, repair, and upkeep expenses	\$ 0.00
20e.	Homeowner's association or condominium dues	\$ 0.00



Debtor 1 Amy Sue Holdin  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

21. <b>Other.</b> Specify: <u>Pet Expenses</u>	21. +\$ <u>100.00</u>
<u>Husband's Debt Consolidation Payments</u>	+ \$ <u>215.00</u>
<u>Counseling</u>	+ \$ <u>50.00</u>

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$ 3,965.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.

22b. \$ \_\_\_\_\_

22c. \$ 3,965.00

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. \$ 5,923.14

23b. Copy your monthly expenses from line 22c above.

23b. - \$ 3,965.00

23c. Subtract your monthly expenses from your monthly income.  
 The result is your *monthly net income*.

23c. \$ 1,958.14

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here: Debtor has a chronic health condition which requires extensive out-of-pocket medical expenses.

**Fill in this information to identify your case:**

Debtor 1 Amy Sue Holdin  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing)   
First Name Middle Name Last Name

United States Bankruptcy Court for the Southern District of Indiana

Case number   
 (If known)

☐ Check if this is an  
amended filing

## Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** /s/ Amy Sue Holdin

Signature of Debtor 1

**X**

Signature of Debtor 2

Date 08/19/2022  
MM / DD / YYYY

Date   
MM / DD / YYYY

## Fill in this information to identify your case:

Debtor 1 Amy Sue Holdin  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Indiana

Case number  
 (if known)

☐ Check if this is  
 an amended  
 filing

## Official Form 107

## Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Give Details About Your Marital Status and Where You Lived Before

## 1. What is your current marital status?

- ☒ Married  
☐ Not married

## 2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

## 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H)

## Part 2: Explain the Sources of Your Income

## 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
 If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply	Sources of income Check all that apply
	Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$ <u>18,243.14</u>	\$ _____
For last calendar year: (January 1 to December 31, <u>2021</u> )	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$ <u>80,370.00</u>	\$ _____
For the calendar year before that: (January 1 to December 31, <u>2020</u> )	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$ <u>60,000.00</u>	\$ _____

Debtor

Amy Sue Holdin  
 First Name Middle Name Last Name

Case number(if known)

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No  
☐ Yes. Fill in the details.

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575\* or more?

- ☐ No. Go to line 7.  
☐ Yes. List below each creditor to whom you paid a total of \$7,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**  
 During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.  
☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?** *Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No.  
☐ Yes. List all payments to an insider.

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No.  
☐ Yes. List all payments that benefited an insider.

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No  
☒ Yes. Fill in the details.

**Nature of the case****Court or agency****Status of the case**

Case title:  
 MED-1 Solutions, LLC v. AMY  
 HOLDIN  
 Case number:  
 82D07-2111-SC-009023

Small Claims

Vanderburgh Superior Court

Court Name

825 Sycamore St #216

Number Street

Evansville IN 47708

City State ZIP Code

- ☒ Pending  
☐ On appeal  
☐ Concluded

Debtor

Amy Sue Holdin  
 First Name Middle Name Last Name

Case number(if known)

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

- ☒ No. Go to line 11.  
☐ Yes. Fill in the information below.

**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

- ☒ No  
☐ Yes. Fill in the details

**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

- ☒ No  
☐ Yes

**Part 5: List Certain Gifts and Contributions****13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**

- ☒ No  
☐ Yes. Fill in the details for each gift.

**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

- ☒ No  
☐ Yes. Fill in the details for each gift or contribution.

**Part 6: List Certain Losses****15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

- ☒ No  
☐ Yes. Fill in the details.

**Part 7: List Certain Payments or Transfers****16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No  
☒ Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
The Law Office of Dax J. Miller, LLC Person Who Was Paid 201 NW 4th St Number Street Suite 111 Evansville IN 47708 City State ZIP Code daxjmiller.com Email or website address Person Who Made the Payment, if Not You	\$399.00 - Court Filing Fees \$313.00, Credit Reports \$36.00, Credit Counseling \$10.00, Attorney Fees \$40.00	8/16/2022	\$ 399.00 \$ _____

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

Debtor Amy Sue Holdin  
First Name Middle Name Last Name

Case number(if known) \_\_\_\_\_

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**  
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?** (These are often called asset-protection devices.)

- ☒ No  
☐ Yes. Fill in the details.

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**  
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No  
☐ Yes. Fill in the details.

**21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

- ☒ No  
☐ Yes. Fill in the details.

**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

- ☒ No  
☐ Yes. Fill in the details.

**Part 9: Identify Property You Hold or Control for Someone Else**

**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

- ☒ No  
☐ Yes. Fill in the details.

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No  
☐ Yes. Fill in the details.

**25. Have you notified any governmental unit of any release of hazardous material?**

- ☒ No  
☐ Yes. Fill in the details.

**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No  
☐ Yes. Fill in the details.

Debtor

Amy Sue Holdin

First Name

Middle Name

Last Name

Case number(if known)

**Part 11: Give Details About Your Business or Connections to Any Business****27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation
- ☒ No. None of the above applies. Go to Part 12.
- ☐ Yes. Check all that apply above and fill in the details below for each business.

**28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

- ☒ No. None of the above applies. Go to Part 12.
- ☐ Yes. Check all that apply above and fill in the details below for each business.

Debtor

Amy Sue Holdin

First Name

Middle Name

Last Name

Case number(if known)

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

✕

/s/ Amy Sue Holdin

Signature of Debtor 1

✕

Signature of Debtor 2

Date 08/19/2022

Date \_\_\_\_\_

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).



Advanced Diagnostic Imaging  
1120 Professional Blvd.  
Evansville, IN 47714

Evansville Radiology PC  
350 W. Columbia  
Suite 420  
Evansville, IN 47710

Advanced Preferred Imaging, PSC  
PO Box 837  
Evansville, IN 47705

Genesis FS Card Services  
PO Box 4477  
Beaverton, OR 97076

Americollect Inc  
PO Box 1566  
Manitowoc, WI 54221

Hoosier Accounts Service  
2545 MJM Industrial Dr  
Evansville, IN 47715

Capital One Bank  
1680 Capital One Dr.  
McLean, VA 22102

Indiana Department of Revenue  
100 N Senate Ave.  
Indianapolis, IN 46204

Cbna  
PO Box 6497  
Sioux Falls, SD 57117

Internal Revenue Service  
Centralized Insolvency Operation  
P. O. Box 7346  
Philadelphia, PA 19101

Comenity Bank/Indigo  
PO Box 4477  
Beaverton, OR 97076

Lashay Wright Newton  
5811 Cliftmeere Dr.  
Newburgh, IN 47630

Complete Billing Services  
517 US Highway 31 N  
Greenwood, IN 46142

Lvnv Funding Llc  
Po Box 1269  
Greenville, SC 29602

CreditFresh  
200 Continental Dr.  
Suite 401  
Newark, DE 19713

Mariner Finance  
8211 Town Center Dr  
Nottingham, MD 21236

Deaconess Health System  
PO Box 630229  
Cincinnati, OH 45263

Med-1 Solutions, LLC  
517 US Highway 31 N  
Greenwood, IN 46142

Deaconess Hospital  
600 Mary St  
Evansville, IN 47710

Medical & Professional Collection Services, I  
PO Box 1116  
Newburgh, IN 47629

Dept. of Educ./Nelnet  
121 S. 13th St.  
Lincoln, NE 68508

Minto Financial d/b/a Minto Money  
PO Box 58112  
Minto, AK 99758

Evansville Family Dentistry  
1220 Washington Ave.  
Evansville, IN 47714

Mobiloads LLC  
PO Box 1409  
Marksville, LA 71351

Mohela/Dept Of Ed  
633 Spirit Dr  
Chesterfield, MO 63005

NetCredit  
175 W Jackson Blvd Suite 1000  
Chicago, IL 60604

Receivables Management Partners  
8085 Knue Rd  
Indianapolis, IN 46250

Republic Bank & Trust Company  
4030 Smith Rd.  
c/o NetCredit  
Cincinnati, OH 45029

Tate & Kirlin Associates, Inc.  
580 Middletown Blvd.  
Suite 240  
Langhorne, PA 19047

Uprova  
635 East Hwy 20, V  
Upper Lake, CA 95485

Verification of Creditor List (rev 12/01/18)

UNITED STATES BANKRUPTCY COURT  
Southern District of Indiana

In re: \_\_\_\_\_ )  
Amy Sue Holdin \_\_\_\_\_ ) Case No. \_\_\_\_\_  
[Name of Debtor(s)] \_\_\_\_\_ ) (xx-xxxxx)  
\_\_\_\_\_, \_\_\_\_\_ )  
Debtor(s). \_\_\_\_\_ )

☐ Check if this form  
is submitted with an  
amended creditor list.

**VERIFICATION OF CREDITOR LIST**

(I/We) declare under penalty of perjury that all entities included or to be included in Schedules D, E/F, G, and H are listed in the creditor list submitted with this verification. This includes all creditors, parties to leases and executory contracts, and codebtors.

(I/We) declare that the names and addresses of the listed entities are true and correct to the best of (my/our) knowledge.

(I/We) understand that (I/we) must file an amended creditor list and pay an amendment fee if there are entities listed on (my/our) schedules that are not included in the creditor list submitted with this verification.

Dated: 08/19/2022

/s/ Amy Sue Holdin

Signature of Debtor

\_\_\_\_\_  
Signature of Joint Debtor

**(Note: Certificate of Service not required.)**

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C.  
§ 101(8) as “incurred by an individual  
primarily for a personal, family, or  
household purpose.”

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file  
under one of four different chapters of the  
Bankruptcy Code:

- Chapter 7 — Liquidation
- Chapter 11— Reorganization
- Chapter 12— Voluntary repayment plan  
for family farmers or  
fishermen
- Chapter 13— Voluntary repayment plan  
for individuals with regular  
income

**You should have an attorney review your  
decision to file for bankruptcy and the choice of  
chapter.**

### Chapter 7: Liquidation

	\$245	filing fee
	\$78	administrative fee
+	\$15	trustee surcharge
	\$338	total fee

Chapter 7 is for individuals who have financial  
difficulty preventing them from paying their  
debts and who are willing to allow their non-  
exempt property to be used to pay their  
creditors. The primary purpose of filing under  
chapter 7 is to have your debts discharged. The  
bankruptcy discharge relieves you after  
bankruptcy from having to pay many of your  
pre-bankruptcy debts. Exceptions exist for  
particular debts, and liens on property may still  
be enforced after discharge. For example, a  
creditor may have the right to foreclose a home  
mortgage or repossess an automobile.

However, if the court finds that you have  
committed certain kinds of improper conduct  
described in the Bankruptcy Code, the court  
may deny your discharge.

You should know that even if you file  
chapter 7 and you receive a discharge, some  
debts are not discharged under the law.  
Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement  
obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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	\$1,167	filing fee
+	\$571	administrative fee
	\$1,738	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

**Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

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**Chapter 12: Repayment plan for family farmers or fishermen**


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	\$200	filing fee
+	\$78	<u>administrative fee</u>
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

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**Chapter 13: Repayment plan for individuals with regular income**


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	\$235	filing fee
+	\$78	<u>administrative fee</u>
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

**Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

<http://www.uscourts.gov/forms/bankruptcy-forms>

**Bankruptcy crimes have serious consequences**

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

**Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

**Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

# United States Bankruptcy Court

Southern District of Indiana

In re Amy Sue Holdin

Case No. \_\_\_\_\_

Debtor

Chapter <sup>13</sup> \_\_\_\_\_

## DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

☒ FLAT FEE

For legal services, I have agreed to accept ..... \$ 4,500.00  
Prior to the filing of this statement I have received. .... \$ 40.00  
Balance Due. .... \$ 4,460.00

☐ RETAINER

For legal services, I have agreed to accept a retainer of ..... \$ \_\_\_\_\_  
The undersigned shall bill against the retainer at an hourly rate of ..... \$ \_\_\_\_\_  
[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;



B2030 (Form 2030) (12/15)

d. [Other provisions as needed]

Debtor shall reimburse Debtor attorney outside the Plan for the Court's \$313.00 court filing fee.

Debtor shall reimburse Debtor attorney inside the Plan for credit counseling and credit reports (\$44.00).

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Adversary Proceedings

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

08/19/2022

/s/ Dax Miller, 34840-82

*Date*

*Signature of Attorney*

The Law Offices of Dax J. Miller

*Name of law firm*

201 NW 4th St  
114  
Evansville, IN 47708